

State of California-Health and Welfare Agency

Department of Mental Health

NOTE: SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

Date	Time	Problem No.	PHYSICIAN'S ORDERS AND MEDICATION (PHYSICIAN MUST SIGN EACH ORDER)
3/07/05	0915		Clarification of <sup>previous</sup> order dated 3/7/05 Triamcinolone cream 0.1% apply to P leg & foot 1 day x 4 days - Covers = light dressing x 4 days Dr. Helmer will see pt tomorrow 3/8/05 (medline)
3/05/05	1000		V.O. Dr. Helmer @ 0915/leg 24 V M JUNE, MTA 3/07/05 Roxocet 3 tabs Q 8° x 3 days PRN for pain. (give when available)
3/05/05	1300		V.O. Dr. Helmer noted JUNE, MTA
3/07/05	10:30		Apply Silvazine Cream to blistered area USE A THICK LAYER after cool compress and Q AM after Triamcinolone x 4 days to Dr Helmer / B.J. Dancovich Pharm BJ Deleeco
3/7/05	1100	P 20	24 V M JUNE, MTA Vital Signs Q 4 hours x 24° John Dancovich MD
3/7/05	1100	P 20	24 V M JUNE, MTA Tylenol 650mg. PO Q 4 hours PRN burn pain. John Dancovich MD noted by J. Dancovich @ 1115M
3/7/05	1100		24 V M JUNE, MTA 3/7/05

ALLERGIES:

ATTYAN  
IBUPROFEN  
NKA  
HALDOL

Start a New  
Form if No  
Number Shows

DNH-SVP

## PHYSICIAN'S ORDERS

CONFIDENTIAL PATIENT INFORMATION  
SEE CA W&I CODE 5328

DERRINGER, ANTHONY S  
SVP 111000177-6  
03/12/65 WH  
CDC K66652  
12/15/04

## INMATE/PAROLEE

# APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. VSP A

1. 07-07/2

7

2. \_\_\_\_\_

2.

You may appeal any policy, action or decision which has significant adverse affect upon you. With the exception of Serious 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeal Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

was of her

3/7/05 burned by unnamed MTA in DMH

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
EBB, NGB, Anthony, Scott	15-566658	E.O.D	D-3-9302

A. Discuss Problem: my problem occurred on 3-7-05 - at 6:15 AM at SARINAS  
valley state prison 5-V-RP the old D.M.H. where I was BURIED  
WITH A HOT SCALDING WATER A CUP OF HOT SCALDING WATER ON MY  
B) UPPER ANKLE (B) LOWER FOOT MIDDLE (A) FOOT AND CALF  
OWNERS BY A MTA WHO POURED, SPILLED WATER ON MY FOOT  
SHE ME AND A STATE WORKER CARELESSLY AND GLENTLY  
SHOWED TO PUSH WITH AN CHOW THIS FEMALE MTA NEVER  
APOLOGIZED NOR DID SHE SHOW ANY TYPE OF EMPATHY  
ON REMORSE

If you need more space, attach on additional sheet.

REC'D MAR 29 2007

A. Action requested: I ~~to~~ HAVE ~~been~~ ~~terminated~~ 2) a letter of demand of complaint ~~and~~ 3) to have the state pay me the cost of the In Juris, and the Emotional pain \$750.00

Inmate/Parolee Signature: Benjamin A. Anthony, Sheriff

Date Submitted: 3-29-07

B. INFORMAL LEVEL (Date Received \_\_\_\_\_)

**Staff Response:**

~~DELIVERED APR 05 2007~~

**ВЫРАЖ**

**Staff Signature:**

Date Returned to Inmate

### C. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigators Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for procession within 15 days of receipt of response.

disagreed, due to the fact the courts order in the A. A. another  
complaint, I had already filed a 602 a staff complaint the H.A.  
I.S. M.T.A. M. CHAVERINE ALSO, the C.R.S. at C.S.P. CARROHAN  
A.S.U. participated in the the documents of NOV 2005 567 <sup>INSTRUMENT</sup> <sub>INSTRUMENT</sub>

Signature: [Handwritten Signature]

Date Submitted: 4-7-07

Note: Property/Funds appeals must be accompanied by a completed Board of Control Form BC-1 E. Inmate Claim

DELIVERED APR 17 2007

CDC Appeal Number:

5/1/07 rejected  
by Hiring Authority  
staff complaints

RECEIVED APR 19 2007

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 4-23-07 Due Date: 6-1-07

Interviewed by: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 \_\_\_\_\_ Returned: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Returned \_\_\_\_\_  
Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

[illegible]

Signature: Anthony Scott DELIVERED Date Submitted: 5/19/01

Second Level ☒ Granted ☐ P-Granted ☐ Denied ☐ Other

G.. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: Due Date:

☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

disabilities due to the time in cross bed  
and the extra assistance. I need  
the dental appointment to have to meet the  
deadline of the court

Signature: Berkman Anthony LaR Date Submitted: 4/5/0

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

☐ See Attached Letter

EX 402 (12-87)

Date: \_\_\_\_\_

DELIVERED MAY 08 2001



State of California-Health and Welfare Agency

Department of Mental Health

NOTE: SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

Date	Time	Problem No.	PHYSICIAN'S ORDERS AND MEDICATION (PHYSICIAN MUST SIGN EACH ORDER)
2/25/05	1000	123	Risperidone Constat 25 mg. (M) on 2-25-05 and every 2 weeks thereafter John D. Kraus MD Noted 8:30 MTA 2/28/05 240 ✓ by A. Hanks MTA
2/25/05	1305	0	Verbal Order to Dr. Kraus: Patient is requesting to upgrade his diet to regular diet, beginning tonight at dinner, 2/25/05. Iman sendezar MD Noted: 2/25/05 1315 John D. Kraus MD
2/25/05	2005		240 ✓ by JODV MTA
3/05	1400	123	Patient may have food blocked John D. Kraus MD Noted: 3/3/05 1411 240 ✓ on 7/11/05, MTA
7/05	0830	P10	Patient's night food to be placed in ice water Tylenol 650mg PO stat John D. Kraus MD Noted (Iman sendezar) M @ 0840 on 05/07/05
7/05	0830	P20	Triamcinolone cream 0.1% - apply to affected area on right foot and ankle, cover with light gauze John D. Kraus MD
7/05	2300		240 ✓ MTA w/tee (Iman sendezar) @ 0835
ALLERGIES:			NKA ATIVATU HALDOL IMPROFEN @ 7105

PHYSICIAN'S ORDERS

CONFIDENTIAL PATIENT INFORMATION  
SEE CA W&I CODE 5328

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR		PROB. NO.	
DATE	TIME		
3/11/05	0500		Noc shift Note: Pt. slept all noc, & behavioral problems noted, & skin from RST therapy <del>has skin burn</del> ————— Lilacman
3/11/05	2100		PM SHIFT NOTE: Blister on (R) foot popped and to clear fluid. During change and applied Silvadene sp. Coagulation no c/p pain vs w/w ————— Lilacman
3/12/05	0600		NOC SHIFT NOTE: Slept through the night. Blister on (R) foot intact. No c/p pain nor discomfort ————— Lilacman
3/12/05	1320		Am shift Note: Dressing lid to (R) foot burn, & sig of infection, & drainage, & c/p pain/discomfort, to cont. to monitor ————— Lilacman
3/12/05	2100		PM SHIFT NOTE: Pt took shower and had a wet dressing. Change dressing to (R) foot & any signs of infection. No c/p pain nor discomfort. No drainage ————— Lilacman
3/13/05	0500		Noc shift note: Pt slept all night No behavioral problems ————— Lilacman
3/14/05	0520		NOC shift note: Pt slept through noc & inappropriate behavior noted. Dressing in place & intact to (R) foot ————— Lilacman
3/14/05	1430		PM shift note: Dressing to R. foot, dry and intact. & c/p pain or discomfort ————— Lilacman

DNH-SVPP

DMH-SVPP

BERRINGER, ANTHONY S  
SVPP 111000177-b  
03/12/65 WH  
CDC K66652  
12/15/04

MH 5624 (Rev. 4/99)  
Confidential Patient/Client Information  
See Welfare & Institutions Code  
Section 5328 & 4514

Page No.

## INTERDISCIPLINARY NOTES

# CONCORD

# INTERDISCIPLINARY NOTES

# CONFERENCE

MH 5624 (Rev. 4/99)  
Confidential Patient/Client Information  
See Welfare & Institutions Code  
Section 5626 & 4514

DERRINGER, ANTHONY S  
 3 V P P 11000177-B  
 03/12/65 WH  
 C D C K66652  
 12/15/04

ON 2020

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

State of California--Health and Human Services Agency

—Department of Mathematics

PROB.	NO.	YEAR	MO.
-------	-----	------	-----

DATE : TIME :

MC 50 50/51/E

3	11/05	2170
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06/11/20	3/17/05
----------	---------

3570	50/4/9
79	9

CL 5074/E

A blank coordinate grid with x and y axes. The x-axis is horizontal and the y-axis is vertical, intersecting at the origin. There are no tick marks or labels on the axes.

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3/11/20	2/17/20
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MCSD	2015/18
------	---------

3/1/05 2040

DATE: TIME: 1005

YEAR \_\_\_\_\_

State of California--Hearings



## Category

1. 07-018

3/7/05 burned by unnamed MTA in DMH

A. Discuss Problem: my problem occurred on 3-2-05- at 6.15 PM at SALINAS Valley State Prison 5-v-p.p the old D.M.H. where I was BURNT with hot SCALDING water. A cup of hot SCALDING water on my upper ankle (B) lower foot middle (C) foot & ankle. I was INJURED by a MTA who poured, spilled water on my foot. She the MTA state workers carelessly & repeatedly wanted to push with an chair this female MTA NEVER APOLOGIZED NOR ASKED SHE SHOW ANY TYPE OF EMOTIONS OR REMORSE

DECL MAR 20 2007

If you need more space, attach on additional sheet.

~~REC'D MAR 29 2007~~

A. Action requested: I ~~to~~ HAVE HER ~~be~~ terminated. a) a letter  
of denial of complaint ~~and~~ 3) to have the state  
pay me the cost of the injury, and the emotional  
pain \$750.00

Inmate/Parolee Signature: BENNINGER, ANTHONY, BRUCE

Date Submitted: 3-29-07

B. INFORMAL LEVEL (Date Received \_\_\_\_\_)

**Staff Response:**

~~DELIVERED APR 05 2007~~

Staff Signature: \_\_\_\_\_

Date Returned to Inmate:

### C. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigators Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for procession within 15 days of receipt of response.

discovered, due to the fact the courts order to file a motion  
brought, I had already filed a local staff complaint the NTA  
IS M + A M. CHAVERINE ALSO, THE COPS AT C.S.P. COCKROAN  
A.S.U. impounded with the documents of new cases Sgt. [unclear] [unclear]

Signature: Ben Weger, Anthony, de C

Date Submitted: 4-2-87

Note: Property/Funds appeals must be accompanied by a completed Board of Control Form BC-1E, Inmate Claim

DELIVERED APR 17 2007

CDC Appeal Number:

5/11/67 rejected  
by Hiring Authority  
staff complaints.

RECEIVED APR 19 2007

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 4.23.07Due Date: 6.1.07

Interviewed by: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_

Title: \_\_\_\_\_

Returned \_\_\_\_\_

Signature: \_\_\_\_\_

Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 of days of receipt of response.

*issatisfied due to wrong information given by EBCO Rep Ed 2  
 at the night time inputs the courts went to what's perceived  
 the 8405 P.C. 5. P. (COURT) - 8405 had information with last  
 and where was placed. If more had information the case to appeal*

Signature: Brockington Anthony Scott

DELIVERED JUN 04 2007

Date Submitted: 4/18/07

RECEIVED MAY 21 2007

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_

Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

*dissatisfied due to the wrong information given  
 at the night time inputs the courts went to what's perceived  
 the 8405 P.C. 5. P. (COURT) - 8405 had information with last  
 and where was placed. If more had information the case to appeal*

Signature: Brockington Anthony ScottDate Submitted: 10/5/07

For the Director's Review, submit all documents to: Director of Corrections  
 P.O. Box 942883  
 Sacramento, CA 94283-0001  
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: \_\_\_\_\_





STATE OF CALIFORNIA  
ARNOLD SCHWARZENEGGER, Governor

GOVERNMENT CLAIMS PROGRAM

400 R Street, 5<sup>th</sup> Floor • Sacramento, California 95814

Mailing Address: P.O. Box 3035 • Sacramento, California 95814

Toll Free Telephone Number 1-800-955-0045 • Fax Number: (916) 491-6443

Internet: [www.vcgeb.ca.gov](http://www.vcgeb.ca.gov)

ROSARIO MARIN

Secretary

State and Consumer Services Agency  
Chairperson

JOHN CHIANG

State Controller

Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney  
Board Member

KAREN MCGAGIN

Executive Officer

Anthony S Berringer K66652

PO Box 7500

Crescent City, CA 95532

June 08, 2007

RE: Claim G564174 for Anthony S Berringer, K66652

Dear Anthony Berringer,

Per your request, please find attached a copy of the letter regarding your claim G564174.

If you have questions about this matter, please mention letter reference 107 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division

Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 107 Custom Text Letter



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

**VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD**

GOVERNMENT CLAIMS DIVISION

P O BOX 3035

SACRAMENTO, CALIFORNIA 95812-3035

Toll Free Number: 1-800-955-0045 Fax Number: (916) 323-5768

Internet: [www.vcgcb.ca.gov](http://www.vcgcb.ca.gov)

ROSARIO MARIN

Secretary

State and Consumer Services Agency  
And Chairperson

STEVE WESTLY

State Controller

State Controller's Office  
And Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney  
Board Member

KAREN MCGAGIN

Executive Officer

Anthony S Berringer K66652  
PO Box 7500  
Crescent City, CA 95532

December 01, 2006

RE: Claim G564174 for Anthony S Berringer, K66652  
Tort claim for CDC Inmates, Late Claim

Dear Anthony Berringer,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on October 26, 2006.

We have reviewed your claim and determined that the VCGCB has no jurisdiction to consider the claim for the following reason(s):

Your application for leave to present a late claim was filed more than one year from the date of the incident that is the basis of the claim.

The VCGCB will take no further action on your claim. If you have questions about this matter, please mention letter reference 97 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division  
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 97 No Jurisdiction



***Superior Court of California  
County of Monterey***

[www.monterey.courts.ca.gov](http://www.monterey.courts.ca.gov)

- ☐ Salinas Division  
240 Church Street  
Salinas, CA 93902  
(831) 775-5400
- ☒ Monterey Division  
1200 Agujito Road  
Monterey, CA 93940  
(831) 647-5800
- ☐ Marina Division  
3180 Del Monte Blvd.  
Marina, CA 93933  
(831) 883-5300
- ☐ King City Division  
250 Franciscan Way  
King City, CA 93930  
(831) 386-5200

DATE: May 1, 2007

To: Anthony Berringer K-66652

RE: New Small Claims Filing

Please find enclosed the return of your document(s): Plaintiff's Claim and Order to Go to Small Claims Court and misc documents for the following reason(s):

- There must be a copy of the denial letter from the Victims Compensation and Government Claims Board before this claim may be opened. •

Lisa M. Galdos  
Clerk of the Superior Court

By:   
Dana Littlefield, Deputy Clerk







State of California-Health and Welfare Agency

Department of Mental Health

NOTE: SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

Date	Time	Problem No.	PHYSICIAN'S ORDERS AND MEDICATION (PHYSICIAN MUST SIGN EACH ORDER)
7/05	2135	PC P.70	PRN benzodol 50mg po q 1M 1x 10 DKraus 2/10/05 from 11/05/05 DKraus RN
			1) Noted 3-7-05 @ 2140 [Signature] MTA
7-05	2305		24° V-M-7 [Signature] MTA
3-8-5	0930		<ol style="list-style-type: none"> <li>1) Cont daily dressing / 2 Silvadene Cream, until healed 7/05/05 Sensitive</li> <li>2) D.C. TCA cream</li> <li>3) Peridox mouth wash for soaking denture daily - 45d</li> <li>4) ASD lotion for del skin eg. eyebrows RN - 45d</li> <li>5) Cleanse R buttocks &amp; leg wound w/ soap &amp; water expos. to air lie healed.</li> </ol> <p>Noted 8/2/05 3/8/05 [Signature]</p>
8/05	2250		24° V-M-7 [Signature] MTA

ALLERGIES: Ativan, Haldol &amp; Imiprifer

Start a New  
Form if No  
Number Shows.

DHP-1000

## PHYSICIAN'S ORDERS

CONFIDENTIAL PATIENT INFORMATION  
SEE CA W&I CODE 5328MH 5660 (C) (5/91)  
SECTION 4000DERRINGER, ANTHONY S  
SVPP 111000177-6  
03/12/65 MH  
CDC K66652



State of California - Health and Human Services Agency

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	Notes
	3/11/05	0600		Noc shift note: Pt. slept all noc, & behavioral problems noted, & skin from AST therapy. <u>Cher skin burn</u> ————— Llasamnn
	3/11/05	2100		PM Shift Note: Blister on (R) foot popped out & clear fluid. During change and applied Silvadene. Coagulum no c/o pain vs. WNN ————— J. H. B. B.
	3/12/05	0600		Noc Shift Note: Slept through the night. Waking on (R) foot intact. No c/o pain or discomfort ————— J. H. B. B.
	3/12/05	1200		Am Shift Note: Dressing lid to (R) foot burn, & sig of infection, & drainage, & c/o pain/discomfort, to cont. to monitor ————— J. H. B. B.
	3/12/05	2100		PM Shift Note: Pt took shower and had a wet dressing. Changes dressing to (R) foot & any signs of infection. No c/o pain nor discomfort. No drainage ————— J. H. B. B.
	3/13/05	0600		Noc shift note: Pt slept all night. Behavioral problems ————— J. H. B. B.
	3/14/05	0500		Noc shift note: Pt slept through noc & inappropriate behavior noted. Dressing in place & intact to (R) foot ————— J. H. B. B.
				No complaints c/o pain & discomfort ————— J. H. B. B.
	3/14/05	1430		PM Shift note: Dressing to R. foot, dry and intact. & c/o pain or discharge ————— J. H. B. B.
	3/13/05	2030		

DMH-SVPP

MH 5624 (Rev. 4/99)  
Confidential Patient/Client Information  
See Welfare & Institutions Code  
Section 5328 & 4514

BERRINGER, ANTHONY S  
SVPP 111000177-6  
03/12/65 WH  
CDC K66652  
12/15/04

Page No. \_\_\_\_\_

INTERDISCIPLINARY NOTES



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

**VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD**

GOVERNMENT CLAIMS DIVISION

P O BOX 3035

SACRAMENTO, CALIFORNIA 95812-3035

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San Bernardino County District Attorney  
Board Member

KAREN McGAGIN

Executive Officer

Anthony S Berringer K66652

~~PO Box 7500~~

~~Stockton, CA 95202~~

*Supp R.O. BARRIOSO  
50144th CA  
93260  
7020*

December 01, 2006

RE: Claim G564174 for Anthony S Berringer, K66652  
Tort claim for CDC Inmates, Late Claim

Dear Anthony Berringer,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on October 26, 2006.

We have reviewed your claim and determined that the VCGCB has no jurisdiction to consider the claim for the following reason(s):

Your application for leave to present a late claim was filed more than one year from the date of the incident that is the basis of the claim.

The VCGCB will take no further action on your claim. If you have questions about this matter, please mention letter reference 97 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division  
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 97 No Jurisdiction



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

**VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD**

GOVERNMENT CLAIMS DIVISION

P O BOX 3035

SACRAMENTO, CALIFORNIA 95812-3035

Toll Free Number: 1-800-955-0045 Fax Number: (916) 323-5768

Internet: www.vcgcb.ca.gov

ROSARIO MARIN  
Secretary

State and Consumer Services Agency  
And Chairperson

STEVE WESTLY  
State Controller  
State Controller's Office  
And Board Member

MICHAEL A. RAMOS  
San Bernardino County District Attorney  
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Executive Officer

Anthony S Berringer K66652  
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December 01, 2006

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Sincerely,

Government Claims Division  
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 97 No Jurisdiction



**CALIFORNIA DEPARTMENT OF CORRECTIONS**  
**Inmate/Parolee Appeals Tracking System - Level I & II**

## Appeal Listing

Sorted By: CDC Number

CDC Number	Appellant Name	Area Of Origin	Issue	Log Number	Group Appeal
K66652	BERRINGER, A	CTC	PROGRAM	SVSP-C-	
Informal Review: Received: 12/19/2005 Due: 01/02/2006 Completed: 01/23/2006 Disposition: SCREENED OUT					
K66652	BERRINGER, A	CTC	MAIL	SVSP-M-	
K66652	BERRINGER, A	CTC	MEDICAL	SVSP-M-	
K66652	BERRINGER, A	FAC. C 8	TRANSFER	SVSP-C-	
K66652	BERRINGER, A	FAC. B 1	MEDICAL	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	MEDICAL	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	CASE INFO/RECORDS	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	MEDICAL	SVSP-B-06-00387	
Informal Review: Received: 01/19/2006 Due: 02/02/2006 Completed: 02/06/2006 Disposition: GRANTED IN PART					
Level I Review: Received: 02/02/2006 Due: 03/17/2006 Completed: 04/24/2006 Disposition: LOST					
K66652	BERRINGER, A	FAC. B 4	CASE INFO/RECORDS	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	CASE INFO/RECORDS	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	CUSTODY/CLASS.	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	PROGRAM	SVSP-B-06-00274	
Level I Review: Received: 01/24/2006 Due: 03/08/2006 Completed: 02/01/2006 Disposition: SCREENED OUT					
K66652	BERRINGER, A	FAC. B 4	MAIL	SVSP-B-	
Informal Review: Received: 02/01/2006 Due: 02/15/2006 Completed: 02/17/2006 Disposition: GRANTED					
K66652	BERRINGER, A	FAC. C 6	CASE INFO/RECORDS	SVSP-C-	
K66652	BERRINGER, A	FAC. D 3	TRANSFER	SVSP-D-	
K66652	BERRINGER, A	FAC. D 3	LIVING CONDITIONS	SVSP-D-	
Informal Review: Received: 02/27/2007 Due: 03/13/2007 Completed: Disposition:					

03/05/2007

CALIFORNIA DEPARTMENT OF CORRECTIONS  
Inmate/Parolee Appeals Tracking System - Level I & II

Sorted By: CDC Number

Appeal Listing

CDC Number	Appellant Name	Area Of Origin	Issue	Log Number	Group Appeal
86652	BERRINGER, A	FAC. D 3	ADA	SVSP-D-07-00940	
Level I Review:		Received: 03/02/2007	Due: 03/23/2007	Completed:	Disposition:
Total: 30					

Salinas Valley State Prison

03/05/2007

CALIFORNIA DEPARTMENT OF CORRECTIONS  
Inmate/Parolee Appeals Tracking System - Level I & II

Sorted By: CDC Number

Appeal Listing

CDC Number	Appellant Name	Area Of Origin	Issue	Log Number	Group Appeal
K66652	BERRINGER, A	CTC	MAIL	SVSP-H-	
Informal Review: Received: 01/27/2005 Due: 02/10/2005 Completed: 02/25/2005 Disposition: DENIED					
K66652	BERRINGER, A	CTC	MAIL	SVSP-H-	
Informal Review: Received: 02/02/2005 Due: 02/16/2005 Completed: 08/04/2005 Disposition: LOST					
K66652	BERRINGER, A	FAC. D 6	LEGAL	SVSP-D-05-00892	
Level I Review: Received: 02/22/2005 Due: 04/06/2005 Completed: 03/11/2005 Disposition: GRANTED IN PART					
Level II Review: Received: 03/18/2005 Due: 04/18/2005 Completed: 04/21/2005 Disposition: GRANTED					
K66652	BERRINGER, A	FAC. A 1	LIVING CONDITIONS	SVSP-A-05-01139	
Level I Review: Received: 03/10/2005 Due: 04/22/2005 Completed: 03/29/2005 Disposition: GRANTED IN PART					
K66652	BERRINGER, A	FAC. C 5	MEDICAL	SVSP-C-	
Informal Review: Received: 03/30/2005 Due: 04/14/2005 Completed: 04/20/2006 Disposition: LOST					
K66652	BERRINGER, A	FAC. C 5	MEDICAL	SVSP-C-	
Informal Review: Received: 03/30/2005 Due: 04/14/2005 Completed: 04/07/2005 Disposition: CANCELLED					
K66652	BERRINGER, A	MENTAL HEALTH	PROGRAM	SVSP-H-	
Level I Review: Received: 10/24/2005 Due: 12/08/2005 Completed: 03/13/2006 Disposition: GRANTED IN PART					
K66652	BERRINGER, A	FAC. C 2	CASE INFO./RECORDS	SVSP-C-	
K66652	BERRINGER, A	CTC	MAIL	SVSP-H-	
Informal Review: Received: 11/10/2005 Due: 11/29/2005 Completed: 11/23/2005 Disposition: GRANTED IN PART					
K66652	BERRINGER, A	FAC. D 3	PROPERTY	SVSP-D-	
K66652	BERRINGER, A	MENTAL HEALTH	VISITING	SVSP-M-	

**AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS  
FILING FEE AND FINANCIAL INFORMATION FORM***(Request for Permission to Proceed In Forma Pauperis)*California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

RECEIVED  
Victim Compensation and Govt Claims Board  
State of California

JAN 03 2007

Government Claims Div.

For Office Use Only

Claim No.:

I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.

**Claimant Information**

1	BERBINGER	Anthony	5	2	Tel: [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
	Last name	First Name	MI		

3	Claim Number (if known):	
---	--------------------------	--

**Employment Information**

4	My occupation:	
	My employer:	
	Employer's Mailing Address	City State Zip
	My spouse's or partner's employer:	
	Employer's Mailing Address	City State Zip

5	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23.
	Inmate Identification Number: # K-66652

**Financial Information**

6	I am receiving financial assistance from one or more of the following programs. <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, proceed to step 7. If yes, check all that apply, then skip to step 24.
	<input type="checkbox"/> SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
	<input type="checkbox"/> CalWORKS: California Work Opportunity and Responsibility to Kids Act
	<input type="checkbox"/> Food Stamps
	<input type="checkbox"/> County Relief, General Relief (GR), or General Assistance (GA)
7	Number in my household and my gross monthly household income, if it is the following amount or less:

	Number	Monthly family income
A	<input type="checkbox"/> 1	\$969.79
B	<input type="checkbox"/> 2	\$1,301.04
C	<input type="checkbox"/> 3	\$1,632.29
D	<input type="checkbox"/> 4	\$1,963.54
E	<input type="checkbox"/> 5	\$2,294.79

	Number	Monthly family income
F	<input type="checkbox"/> 6	\$2,626.04
G	<input type="checkbox"/> 7	\$2,957.29
H	<input type="checkbox"/> 8	\$3,288.54
I	<input type="checkbox"/>	There are more than 8 people in my family

Add \$331.25 for each additional person.  
Number:  Total Income:

If you checked a box in step 7 A through I, complete steps 9 through 15. Then skip to step 24.


8	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, fill in steps 9 through 24.



**Monthly Income and Expenses**

<b>9</b>	My gross monthly pay is: \$	<b>10</b>	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11</b>	Number of persons living in my home:		<b>12</b>	Other money I get each month	
	Name	Age	Relationship	Monthly Income	Source:
	A			\$	A
	B			\$	B
	C			\$	C
	D			\$	D
	E			\$	E
	F			\$	F
<b>15</b>	My total gross monthly household income:		<b>13</b>	Total other money:	\$
<b>16</b>	My payroll deductions are:		<b>14</b>	My monthly income:	\$
	A	\$	E	\$	
	B	\$	F	\$	
	C	\$	G	\$	
	D	\$	H	\$	
			<b>17</b>	My total payroll deduction amount is:	\$
<b>18</b>	My monthly take home pay is	\$	<b>19</b>	My net monthly income:	\$
<b>20</b>	I own or have interest in the following property:				
	A	Cash	\$	C	Cars, other vehicles, and boats (List make and year)
	B	Checking and savings (List banks):		Property	Value
		1)	\$	1)	\$
		2)	\$	2)	\$
		3)	\$	3)	\$
		4)	\$	D	Real estate (List addresses)
				1)	\$
				2)	\$
<b>21</b>	My monthly expenses are:				
	A	Rent or house payment	\$	J	Installment payments (specify)
	B	Food and household supplies	\$		1)
	C	Utilities and telephone	\$		2)
	D	Clothing	\$		3)
	E	Laundry and cleaning	\$		Total installment payments:
	F	Medical and dental	\$	K	Wage assignment or withholdings
	G	Insurance	\$	L	Spousal or child support
	H	School, child care	\$	M	Other:
	I	Transportation and auto expenses	\$		1)
					2)
					Total other expenses:
<b>22</b>	Total monthly expenses:				\$
<b>23</b>	I have attached other information that supports this application on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Signature Section**

<b>24</b>	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.	
	 Signature of Claimant	12-23-06 Date



## *Superior Court of California County of Monterey*

[www.monterey.courts.ca.gov](http://www.monterey.courts.ca.gov)

- ☐ Salinas Division  
240 Church Street  
Salinas, CA 93902  
(831) 775-5400
- ☒ Monterey Division  
1200 Agujito Road  
Monterey, CA 93940  
(831) 647-5800
- ☐ Marina Division  
3180 Del Monte Blvd.  
Marina, CA 93933  
(831) 883-5300
- ☐ King City Division  
250 Franciscan Way  
King City, CA 93930  
(831) 386-5200

DATE: March 20, 2007,


To: Anthony Berringer K-66625

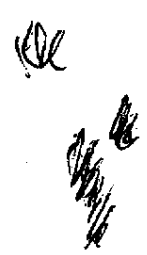
RE: New Small Claims Filing

Please find enclosed the return of your document(s): Plaintiff's Claim and Order to Go to Small Claims court and fee waiver for the following reason(s):

- S.V. S. P. Medical Dept of Mental Health is a public entity. You must file a complaint with them first. Then if you are denied you must submit the denial letter with your claim.
- The fee waiver is incomplete. Please see highlighted areas. Page 2 on the Fee Waiver Application must be completed.
- Please include a self addressed stamped envelope.

**Lisa M. Galdos**  
**Clerk of the Superior Court**

By:   
Dana Littlefield, Deputy Clerk



INSTRUCT. RPT03043 RPT#3.4.3 BDAVENDI  
Initial and sign once each page. Use legend on back of form to record date of injection of reason for not administering medication.

10:50:22

02/25/05

PAGE:

Start Stop MEDICATIONS AND TREATMENTS HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

0204 ACETAMINOPHEN PRN  
2309 650 MG TABLET ORAL PO  
0505 04H PRN HEADACHE PAIN MAX  
4X/24HR  
D/C: (1- P20 )

0204 ALBUTEROL SULFATE (PROVENTIL) PRN  
2309 HFA 90 MCG INHALER)  
0505 2 PUFF AER W/ADAP INHALATION  
04H PRN  
\*\*\*NEEDED FOR ASTHMA  
ATTACK\*\* D/C: (1- P20 )

0204 MAGNESIUM HYDROXIDE (MILK OF  
2309 MAGNESIA SUSPENSION)  
0505 30 ML ORAL SUSP ORAL PO  
EVERY 48 HRS PRN CONSTIPATION

0204 BUTTICKS & LEG  
0505 10 VIAL INTRAMUSC. IM  
0505 08H PRN GIVE IM AGITATION  
\*\*REPEAT DOSE NOT LESS THAN 8  
HOURS AFTER LAST DOSE\* MAX  
2X/24HR D/C: (1- 123 )

0204 6cc on 10mg in PRN agitation  
0505 4X/24 HR. 2ND AND EACH  
SUBCUTANEOUS DOSE NO LESS THAN  
2HRS P preceding dose

Integries: NO KNOWN ALLERGIES  
ATTIVAN, HALODOL, IBUPROFEN

Month: MAR Year: 2005

BERRINGER, ANTHONY SCOTT

UNIT BEDS

PATIENT # 177-6

MEDICATION AND TREATMENT RECORD

M11 5764 (10/93)  
PAGE 1 of 2

Confidential Client/Patient Information  
See IV & I Code 5326

- | Item                                | Code | Item                        | Code |
|-------------------------------------|------|-----------------------------|------|
| 1. Lt. Upper Outer Quadrant Gluteus | 1    | 3. Lt. Deltoid              | 3    |
| 2. Rt. Upper Outer Quadrant Gluteus | 2    | 4. Rt. Deltoid              | 4    |
|                                     |      | 5. Lt. Anterior Thigh       | 5    |
|                                     |      | 6. Rt. Anterior Thigh       | 6    |
|                                     |      | 7. Lt. Deltoid Subcutaneous | 7    |
|                                     |      | 8. Rt. Deltoid Subcutaneous | 8    |

**Reason for not Administering Medication Treatment**  
 L = Therapeutic leave  
 O = Withheld and and justify on back of sheet or IDN

R = Refused  
S = School

[illegible]

## MEDICATION AND TREATMENT RECORD

MH 5764 (10/93)  
PAGE 2 of 2

**Confidential Client/Patient Information**

See W &amp; I Code 5328



03/05/2007

**CALIFORNIA DEPARTMENT OF CORRECTIONS**  
**Inmate/Parolee Appeals Tracking System - Level I & II**

Sorted By: CDC Number

Appeal Listing

CDC Number	Appellant Name	Area Of Origin	Issue	Log Number	Group Appeal
K66652	BERRINGER, A	CTC	MAIL	SVSP-H-	
Informal Review: Received: 01/27/2005 Due: 02/10/2005 Completed: 02/25/2005 Disposition: DENIED					
K66652	BERRINGER, A	CTC	MAIL	SVSP-H-	
Informal Review: Received: 02/02/2005 Due: 02/16/2005 Completed: 08/04/2005 Disposition: LOST					
K66652	BERRINGER, A	FAC. D 6	LEGAL	SVSP-D-05-00892	
Level I Review: Received: 02/22/2005 Due: 04/06/2005 Completed: 03/11/2005 Disposition: GRANTED IN PART					
K66652	BERRINGER, A	FAC. A 1	LIVING CONDITIONS	SVSP-A-05-01139	
Level I Review: Received: 03/10/2005 Due: 04/22/2005 Completed: 03/29/2005 Disposition: GRANTED IN PART					
K66652	BERRINGER, A	FAC. C 5	MEDICAL	SVSP-C-	
Informal Review: Received: 03/30/2005 Due: 04/14/2005 Completed: 04/20/2006 Disposition: LOST					
K66652	BERRINGER, A	FAC. C 5	MEDICAL	SVSP-C-	
Informal Review: Received: 03/30/2005 Due: 04/14/2005 Completed: 04/07/2005 Disposition: CANCELLED					
K66652	BERRINGER, A	MENTAL HEALTH	PROGRAM	SVSP-H-	
Informal Review: Received: 03/30/2005 Due: 04/14/2005 Completed: 04/07/2005 Disposition: CANCELLED					
K66652	BERRINGER, A	FAC. C 2	PROPERTY	SVSP-C-05-04071	
Level I Review: Received: 10/24/2005 Due: 12/08/2005 Completed: 03/13/2006 Disposition: GRANTED IN PART					
K66652	BERRINGER, A	CTC	CASE INFO./RECORDS	SVSP-C-	
Informal Review: Received: 11/10/2005 Due: 11/29/2005 Completed: 11/28/2005 Disposition: GRANTED IN PART					
K66652	BERRINGER, A	FAC. D 3	PROPERTY	SVSP-D-	
K66652	BERRINGER, A	MENTAL HEALTH	VISITING	SVSP-M-	

**CALIFORNIA DEPARTMENT OF CORRECTIONS**  
**Inmate/Parolee Appeals Tracking System - Level I & II**

Sorted By: CDC Number

Appeal Listing

CDC Number	Appellant Name	Area Of Origin	Issue	Log Number	Group Appeal
K66652	BERRINGER, A	CTC	PROGRAM	SVSP-C-	
Informal Review: Received: 12/19/2005 Due: 01/02/2006 Completed: 01/23/2006 Disposition: SCREENED OUT					
K66652	BERRINGER, A	CTC	MAIL	SVSP-M-	
K66652	BERRINGER, A	CTC	MEDICAL	SVSP-M-	
K66652	BERRINGER, A	FAC. C 8	TRANSFER	SVSP-C-	
K66652	BERRINGER, A	FAC. B 1	MEDICAL	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	MEDICAL	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	CASE INFO/RECORDS	SVSP-B-	
Informal Review: Received: 01/19/2006 Due: 02/02/2006 Completed: 02/06/2006 Disposition: GRANTED IN PART					
Level I Review: Received: 02/02/2006 Due: 03/17/2006 Completed: 04/24/2006 Disposition: LOST					
K66652	BERRINGER, A	FAC. B 4	CASE INFO/RECORDS	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	CASE INFO/RECORDS	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	CUSTODY/CLASS.	SVSP-B-	
K66652	BERRINGER, A	FAC. B 4	PROGRAM	SVSP-B-06-00274	
Level I Review: Received: 01/24/2006 Due: 03/08/2006 Completed: 02/01/2006 Disposition: SCREENED OUT					
K66652	BERRINGER, A	FAC. B 4	MAIL	SVSP-B-	
Informal Review: Received: 02/01/2006 Due: 02/15/2006 Completed: 02/17/2006 Disposition: GRANTED					
K66652	BERRINGER, A	FAC. C 6	CASE INFO/RECORDS	SVSP-C-	
K66652	BERRINGER, A	FAC. D 3	TRANSFER	SVSP-D-	
K66652	BERRINGER, A	FAC. D 3	LIVING CONDITIONS	SVSP-D-	
Informal Review: Received: 02/27/2007 Due: 03/13/2007 Completed: Disposition:					

Salinas Valley State Prison

03/05/2007

**CALIFORNIA DEPARTMENT OF CORRECTIONS**  
**Inmate/Parolee Appeals Tracking System - Level I & II**

Sorted By: CDC Number

Appeal Listing

CDC Number	Appellant Name	Area Of Origin	Issue	Log Number	Group Appeal
K66652	BERRINGER, A	FAC. D 3	ADA	SVSP-D-07-00940	
Level I Review:		Received: 03/02/2007	Due: 03/23/2007	Completed:	Disposition:
Total: 30					



STATE OF CALIFORNIA  
ARNOLD SCHWARZENEGGER, Governor

ROSARIO MARIN  
Secretary  
State and Consumer Services Agency  
Chairperson

JOHN CHIANG  
State Controller  
Board Member

MICHAEL A. RAMOS  
San Bernardino County District Attorney  
Board Member

KAREN MCGAGIN  
Executive Officer

May 15, 2007

Dear Sir or Madam:

The claim you filed with the Victim Compensation and Government Claims Board, Government Claims Program is incomplete. Government Code section 910.4 requires that all claims be submitted on an application form. An application is enclosed for your convenience. Once the application has been completed and signed, you may resubmit your claim, a copy of this letter, and all relevant documentation to this office.

Please note that incomplete and/or late applications will not be processed. You may refer to Government Code sections 901 and 911.2 for more information about the timeliness of a claim.

If you have any questions or need assistance, please contact this office at 1-800-955-0045.

Sincerely,

Government Claims Program  
Victim Compensation and Government Claims Board

Enclosures



ANTHONY S. BERRINGER #B-66652  
SALINAS VALLEY STATE PRISON  
P.O. BOX 1050

Soledad CA 93960  
-1050

DEAR PEOPLE, TO WHOM IT MAY  
CONCERN

REGARDING WHY I DIDN'T  
RESPOND I WAS HOSPITALIZED  
OVER 31 TIMES FROM 2005 TO 2007  
TWO CRISES WERE DUE TO MY MENTAL  
ILLNESS SWEDISH EDUCATIONAL  
HOMICIDAL EDUCATIONALS TO ASSIST  
ALLOWED PEN, PAPER OR LEGAL  
WORK

I WAS TRANSFERRED TO FROM  
O.M.H. BEHOLD AND AFTER BE TRANSFERRED  
BY 3 REASONS, I'VE BEEN MOVED  
FROM PRISON TO PRISON

I'M HEAVILY MEDICATED  
NOW I HAVE HEADPAINS, WHERE I'VE  
HARD FOR ME TO WRITE

PLEASE I PRAY THAT  
YOU WILL GRANT ME'S CHAIRMAN  
I HAVE BEEN BURIED THE  
M.T.A.M. CHAIRMAN NEVER  
APOLOGIZED OR SHOWED ANY  
EMOTIONS, OR REMORSE



STATE OF CALIFORNIA  
ARNOLD SCHWARZENEGGER, Governor

**GOVERNMENT CLAIMS PROGRAM**

400 R Street, 5<sup>th</sup> Floor ♦ Sacramento, California 95814  
Mailing Address: P.O. Box 3035 ♦ Sacramento, California 95814  
Toll Free Telephone Number 1-800-955-0045 ♦ Fax Number: (916) 491-8443  
Internet: [www.vcgcb.ca.gov](http://www.vcgcb.ca.gov)

ROSARIO MARIN

Secretary

State and Consumer Services Agency  
Chairperson

JOHN CHIANG

State Controller

Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney

Board Member

KAREN MCGAGIN

Executive Officer

Anthony S Berringer K66652

PO Box 1050

Soledad, CA 93960

April 13, 2007

RE: Claim G566937 for Anthony S Berringer, K66652

Dear Anthony Berringer,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on April 02, 2007.

We have reviewed your claim and determined that the VCGCB has no jurisdiction to consider the claim for the following reason(s):

Your claim was filed more than one year from the date of the incident that is the basis of the claim, and it is too late for the Board to consider an application to present a late claim.

The VCGCB will take no further action on your claim. If you have questions about this matter, please mention letter reference 97 and claim number G566937 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division  
Victim Compensation and Government Claims Board

cc:

Ltr 97 No Jurisdiction

**Government Claims Form**

California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

APR 04 2007

For Office Use Only  
Claim No.:

**Is your claim complete?**

566937

<input type="checkbox"/>	New! Include a check or money order for \$25 payable to the State of California.
<input type="checkbox"/>	Complete all sections relating to this claim and sign the form. Please print or type all information.
<input type="checkbox"/>	Attach receipts, bills, estimates or other documents that back up your claim.
<input type="checkbox"/>	Include two copies of this form and all the attached documents with the original.

**Claimant Information**

1	BEAUFAYERS	ANTHONY K-666 <sup>50</sup>	2	Tel:			
	Last name	First Name	MI	3	Email:		
4	SALINAS VALLEY STATE PRISON P.O. BOX 1050		5	SOLICIDAD		6	93960
	Mailing Address			City		State	Zip
5	Best time and way to reach you: ANY TIME						
6	Is the claimant under 18? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give date of birth: <input type="text"/> <input type="text"/> <input type="text"/>						
	MM DD YYYY						

**Attorney or Representative Information**

7		8	Tel:			
	Last name	First Name	MI	9	Email:	
10						
	Mailing Address		City	State	Zip	
11	Relationship to claimant:					

**Claim Information**

12	Is your claim for a state-dated warrant (uncashed check) or unredeemed bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	State agency that issued the warrant: _____ If NO, continue to Step 13	
	Dollar amount of warrant: _____	Date of issue: <input type="text"/> <input type="text"/> <input type="text"/>
	Proceed to Step 22 MM DD YYYY	
13	Date of Incident: _____	
	Was the incident more than six months ago? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If YES, did you attach a separate sheet with an explanation for the late filing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14	State agencies or employees against whom this claim is filed: DEPT OF CORRECTIONS D.M.H. S.V.S.P. S.V.F.P. M.H. M. CHAVEZ	
15	Dollar amount of claim: 750,000.00	
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="checkbox"/> Limited civil case (\$25,000 or less) <input checked="" type="checkbox"/> Non-limited civil case (over \$25,000)
	Explain how you calculated the amount: DUE TO THE EMOTIONAL TRAUMA HE SUFFERING	

16 Location of the incident:  
 505-p DIT # 5-V-PP A-Section ROOM 10

17 Describe the specific damage or injury:  
 2nd DEGREE BURNS ON LEFT ANKLE, LOWER FOOT

18 Explain the circumstances that led to the damage or injury:  
 2MTAS CALLED 911 SAID CHOCOLATE SMC MTA MACHINE INTO SELL OPENED THE HOT PART Poured cup of SCALDING HOT WATER

19 Explain why you believe the state is responsible for the damage or injury:  
 DUE TO THE TEMPERATURE NOT BEING MONITORED AVERAGE DUE TO ME BEING A KID SEXUAL AND A SEX PREDATOR

20 Does the claim involve a state vehicle? ☐ Yes ☒ No  
 If YES, provide the vehicle license number, if known:

## Auto Insurance Information

21

Name of Insurance Carrier

Mailing Address City State Zip

Policy Number: Tel:

Are you the registered owner of the vehicle? ☐ Yes ☐ No

If NO, state name of owner:

Has a claim been filed with your insurance carrier, or will it be filed? ☐ Yes ☐ No

Have you received any payment for this damage or injury? ☐ Yes ☐ No

If yes, what amount did you receive?

Amount of deductible, if any:

Claimant's Drivers License Number: Vehicle License Number:

Make of Vehicle: Model: Year:

Vehicle ID Number:

## Notice and Signature

22 I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).

Signature of Claimant or Representative: Bentinger Anthony Scott # 5-60652 Date: 3/30/07

23 Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 630 K Street, Sacramento.

## For State Agency Use Only

24

Name of State Agency Fund or Budget Act Appropriation No.

Name of Agency Budget Officer or Representative Title

Signature Date



Worthy Scott BEARRER

45-66652 Ad (Seq 02-2001

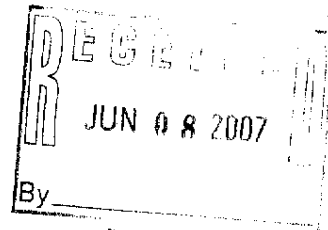
ALASKA VALLEY STATE PRISON

P.O. BOX 1050

SOLE ADL ON 039600

-1050-

566937



6/5/07

To Whome of my career

I would like to REQUEST  
full packet of your LEADS for the COOP  
Recent COMPLIMENT CLAMS BOARD  
I have ISSUES am TRYING to  
RESOLVE

COULD YOU PLEASE ASSIST ME  
FOR SENDING ALL THE SE BUNK  
LEADS

THANK A LOT for the part of COOPERATION  
and all need a quick response

Thank you

Tom

BEARRER

Worthy Scott

#4566652

02-2001

SALINAS VALLEY STATE PRISON

D-3-2302

P.O. BOX 1050

SOLEDAD, CA

93960

-1050

4-18-07

RECEIVED  
Victim Compensation and Govt Claims Board

APR 23 2007

Government Claims Div.

Claim G566937 for ANTHONY S. BEARINGER  
# 15-66652  
Reference 97

DEAR CLAIM TECHNICIAN/ANALYST

I ANTHONY S. BEARINGER

I am writing regarding my claim under  
Oath, I swear to tell the truth so help me  
God. EVCA since the 3-7-05 incident I  
did send the 1st set of documents for me

due to my severe mental disorder  
I had been in and out of the crises  
bed, kept mental health, transferred  
back and forth from institution to  
institution

I am housed for suicidal  
and homicidal tendencies, I cannot  
be allowed to do legal work. I cannot  
allow no property, no pens and  
no envelopes, no forms

d) HAD TO TAKE WEEKS OF VACATION  
SOMETIMES I HAD TO BE SENT TO WORK  
DUE TO EXTREME CONCERN.

AND LET ME ASK YOU A QUESTION  
IF YOU SPILL MY FOOT AND BURN IT  
WAS SCALDED BURN YOU WOULD  
OF GRANT ME THE RIGHT TO THE  
CHAIR

THE MRS. M. CHANCEWELL DID  
THAT & POLICE TATENTED  
SHE NEVER APOLOGIZED, NOT  
SHOWED NO EMOTIONS.

SHE DO SN'T CARE, I WANT  
JUSTICE. AND IF I SPILLED OR  
POURED HOT COFFEE OF SCALDING  
WATER ON YOUR FOOT AND YOU  
RECEIVED 2ND DEGREE BURNS  
YOU WOULD BE IN THE SAME  
SHOE AS ME.

TELL ME WHAT DO I NEED  
TO DO TO GET A SETTLEMENT TO  
GET FOR THE 2ND DEGREE BURN  
ON MY FOOT

3) - C. WALKER DOES NOT BELIEVE BY C.A.C. STAFF  
BUT IF I WERE TO GET OUT, THEN I  
WOULD GET PUNISHED

ITS OK FOR A STAFF

A C.A.C. WORKER TO SPILL POWER  
UP HOT SCALDING WATER ON MY  
FOOT. AND LET GO OF THE MONEY  
FOR THE EMOTIONAL, PSYCHOLOGICAL

YOURS TRULY

LTJ

Anthony Scott  
Beringer